

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02584

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town Hobbs
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 18 Yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Hobbs
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME

Harriett Elizabeth Billings

3. (b) Social Security Number

X

4. Sex F. 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Alfred Billings
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Jan. 25, 1853
 8. AGE: Years 95 Months 1 Days 11 If less than one day _____ hrs. _____ min.

9. Birthplace Caroline County, Md.
 (Town, county, and state)
 10. Usual occupation None
 11. Industry or business X

FATHER
 12. Name John Russell
 13. Birthplace Maryland
 MOTHER
 14. Maiden name Elizabeth Voss
 15. Birthplace Maryland

16. Informant Mrs. Elizabeth Smith
 Address Hobbs, Maryland
 17. Burial Date thereof 3/10/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Wesley
 Location Denton, Maryland. Rural

18. Funeral director Raymond B. Rawlings
 Address Greensboro, Maryland.

19. 3/9 19 48
 (Date read by registrar) Registrar Tom D. D. George

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 7, 1948 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 4, 1948 to Mar 7, 1948
 and that I last saw him alive on Mar 6, 1948

Immediate cause of death Coronary Vascular Renal disease 3yr
 DURATION

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Raymond B. Rawlings M. D. or other _____
 Address Denton Date signed 3/9/48

RECEIVED

MAR 11 1948

BUREAU V. S.

Evidence for change of
age shown on:

FILM No. G 115 APR 19 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County... Caroline
City or town... Federalsburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 yrs.
Hospital, institution, or street address where death occurred:
Holt St.
How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Caroline
City or town... Federalsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No... Holt Street
(If rural, give LOCATION)
2. (a) If veteran, name war... no

3. (a) FULL NAME

Roxie Edith Collins

3. (b) Social Security Number

no

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Fem. white married

6. (b) Name of husband or wife Harry Collins

6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) Oct. 30, 1880

8. AGE: Years Months Days If less than one day
67 68 4 28 hrs. min.

9. Birthplace Federalsburg R.F.D.
(Town, county, and state)
housewife

10. Usual occupation

11. Industry or business

FATHER 12. Name George Smith
13. Birthplace Md.

MOTHER 14. Maiden name Ida Dukes
15. Birthplace Md.

16. Informant Mr. Harry Collins
Address Federalsburg, Md.

17. Burial Date thereof 3/30/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hillcrest
Location Federalsburg

18. Funeral director Adams & Williamson
Address Federalsburg, Md.

19. Mar 30th 48 Walter D. Little
(Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/28/48 19... at 9.30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Aug 24 to Mar 28 19...
and that I last saw him alive on Mar 28 19...
Immediate cause of death Cerebral Hemorrhage.

Due to Hypertension with
arteriosclerosis.
Other conditions...
(Include pregnancy within 3 months of death)

Major findings of operations... Date of op...

Autopsy results...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide... Date of...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. E. D. Little M.D.
Address Federalsburg, Md. Date signed 3/29/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 10 1948

BUREAU 7. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02586

Reg. Diat. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town Thomastown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 months
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Jemima Dawson

3. (b) Social Security Number

4. Sex m 5. Color or race Cal 6. (a) Single, married, widowed, or divorced widower

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Feb. 24th 1874 6. (c) If alive, give age _____ years

8. AGE: Years 72 Months 0 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)

10. Usual occupation Day Labor

11. Industry or business

12. Name Pruthi Dawson13. Birthplace Ind14. Maiden name Sphia Thomas15. Birthplace Ind16. Informant Welfare Board CarolineAddress County17. Buried Date thereof 3-7-48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Brook CemeteryLocation Thomastown, Ind18. Funeral director J. Virgil Brown & SonAddress Wenton, Ind19. 3/6 19 48 MD & George

(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town _____
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 19 48 at 6:30 p M21. I CERTIFY that death occurred on the date above stated; that I attended the deceased from Jan. 10 19 48 to Feb. 27 19 48and that I last saw him alive on Feb. 27 19 48Immediate cause of death Cerebral Hemorrhage DURATION 3 1/2 hrsDue to Hypertension 1 Per?

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. L. Small MD M. D. or other _____Address Denton, Md Date signed 3/5/48

RECEIVED

MAR 11 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02587

Reg. Dist. No. 62

1. PLACE OF DEATH

County Caroline
 City or town Denton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County Caroline
 City or town Denton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.

3. (a) FULL NAME

Mary Rebecca De Ford

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Frank De Ford
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Sept 22, 1895
 8. AGE: Years 52 Months 6 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace Denton, Caroline, Ind.
(Town, county, and state)10. Usual occupation Homemaker

11. Industry or business

12. Name William T. Chance13. Birthplace Ind.14. Maiden name Sally Anthony15. Birthplace Ind.16. Informant Frank De FordAddress Denton, Ind.17. Burial Date thereof Mar. 25, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory DentonLocation Denton, Ind.18. Funeral director J. Virgil KewerAddress Denton, Ind.19. 3-25 19 48 Walter B. Johnson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 19 48, at 1:30 A. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1 19 47 to Mar. 22 19 48
and that I last saw him alive on Mar. 21 19 48

Immediate cause of death

Cerebral Hemorrhage
& been playedDue to Cerebral HemorrhageDue to Borderline Vascular Disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. B. JohnsonAddress Green St. Denton M. D. or _____ Date signed 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 29 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County... Caroline
 City or town... Henderson
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... 6 Yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?... X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Caroline
 City or town... Henderson
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name War... X

3. (a) FULL NAME

Anna Emerson

3. (b) Social Security Number

X

4. Sex... F. 5. Color or race... White 6.(a) Single, married, widowed, or divorced... Married

6.(b) Name of husband or wife... Clarence Emerson

7. Birth date of deceased (mo., day, yr.)... July 14, 1876

6.(c) If alive, give age... 75 years

8. AGE: Years... 71 Months... 7 Days... 16 If less than one day... hrs. ... min.

9. Birthplace... Smyrna, Delaware.
 (Town, county, and state)

10. Usual occupation... Housewife

11. Industry or business... X

12. Name... No Record

13. Birthplace... No Record

14. Maiden name... No Record

15. Birthplace... No Record

16. Informant... Clarence Emerson

Address... Henderson, Maryland.

17. Burial Date thereof... 3/ 4/ 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Greensboro

Location... Greensboro, Maryland.

18. Funeral director... Raymond B. Rawlings

Address... Greensboro, Maryland.

19. 3/4 19 48 Accompanied
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... March 1 19... 48 at 5:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 15 19... 48 to Mar. 1 19... 48 and that I last saw her alive on Mar. 1 19... 48.

Immediate cause of death... Chronic Hypertension

Due to... Rheumatic Carditis

Due to... Vascular Disease

Other conditions... _____

(Include pregnancy within 3 months of death)

Major findings of operations... _____

Date of op. ... _____

Autopsy results... _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... _____ Date of ... _____

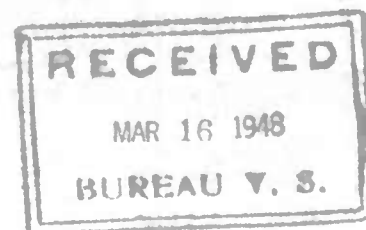
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... John B. Rawlings M. D. or Ch.

Address... Greensboro, Md Date signed... 4/8



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02589

Reg. Dist. No. 830 02589 63

1. PLACE OF DEATH:

County CarolineCity or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 39 yearsHospital, institution, or street address where death occurred:
Near Union Cross

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Preston - Beulah Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Augusta M. Frase

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Gustav C. Frase6. (c) If alive, give age 70 years7. Birth date of deceased (mo., day, yr.) January 3, 19038. AGE: Years 65 Months 2 Days 22 If less than one day
..... hrs. min.9. Birthplace Canada
(Town, county, and state)10. Usual occupation Housework11. Industry or business HomeFATHER 12. Name August Hinz13. Birthplace GermanyMOTHER 14. Maiden name Elja Hiler15. Birthplace Germany18. Informant Gustav C. FraseAddress Preston, Maryland, R.F.D.17. Burial Date thereof March 27, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Linchester CemeteryLocation Preston, Maryland18. Funeral director J. J. Thompson & SonAddress Federalburg, Maryland19. 3/25 19 48 Cornelius Plummer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 1948 at 2:35 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 1943 to May 25, 1948
and that I last saw him alive on May 25, 1948Immediate cause of death Cerebral Hemorrhage DURATION 3/19/48Due to Arteriosclerosis with Hypertension 5/3/43

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

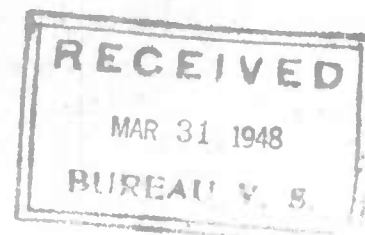
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. E. Gessner MD M. D. or otherAddress Federalburg MD Date signed 3/26/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02590

Reg. Dist. No. 60

1. PLACE OF DEATH:

County Caroline
City or town Templeville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 Yrs.
Hospital, institution, or street address where death occurred:

How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Templeville
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION) X
2.(a) If veteran, name war _____

3.(a) FULL NAME

Annie E. Hall

3.(b) Social Security Number

X

4. Sex F. 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife James Hall

7. Birth date of deceased (mo., day, yr.) April 17, 1874 6.(c) If alive, give age _____ years

8. AGE: Years 73 Months 10 Days 28 If less than one day _____ hrs. _____ min.

9. Birthplace Queen Annes County, Maryland.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business X

12. Name Nathaniel Everett

13. Birthplace Maryland

14. Maiden name Martha Robinson

15. Birthplace Maryland

16. Informant Miss. Esthal Hall

Address Templeville, Maryland.

17. Burial Date thereof 3/19/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sudlersville

Location Sudlersville, Maryland.

18. Funeral director Raymond B. Rawlings

Address Greensboro, Maryland.

19. 3/18 48 I Clerk Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 19 48 at 915P a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 19 47 to July 10 19 47
and that I last saw him alive on July 12 19 47

Immediate cause of death Cerebral Hemorrhage
DUE TO Cerebral Arterial Sclerosis
DUE TO Chronic Hypertension
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work?

23. SIGNATURE C. H. Upstall M. D. or other _____
Address Putnam, Md. Date signed 3/18/48

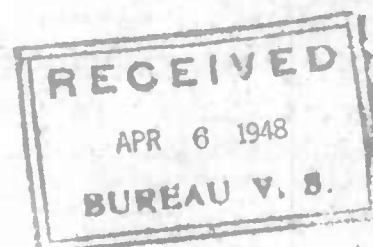
MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02591

Reg. Diat. No. 62

1. PLACE OF DEATH:

County Paroline
 City or town Hillsboro md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Paroline Co
 City or town Hillsboro md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. no
 (If rural, give LOCATION) no
 2.(a) If veteran, name war no

3. (a) FULL NAME

Charles Hurdley Harris

3. (b) Social Security Number

Lost

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

male a. d. married

6. (b) Name of husband or wife. Estell Harris

7. Birth date of deceased (mo., day, yr.) Feb 11 1885

8. AGE: Years 63 Months 14 If less than one day hrs. min.

9. Birthplace Paroline Co
(Town, county, and state)10. Usual occupation Laborer11. Industry or business Same as above12. Name George W. Harris13. Birthplace Paroline Co14. Maiden name Gerald Gibson15. Birthplace Paroline Co16. Informant Worthy ChambersAddress Hillsboro md17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 29-1948Cemetery or crematory GreenmountLocation Hillsboro md18. Funeral director James P. StewartAddress Baltimore md

19. (Date rec'd by registrar) 3/27 48 Jm D C George

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 48 at 4:45 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 15 1947 to Mar 25 1948 and that I last saw him alive on March 23 1948Immediate cause of death Cerebral + Juncal
arteriosclerosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas X Hines M. D. Mar 27Address Green on Red Date signed 1948

RECEIVED

MAR 30 1948

BUREAU V. S.

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BAG CONTENT

RECEIVED
MAR 19 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02593

Reg. Dist. No. 64

1. PLACE OF DEATH:

County CarolineCity or town Federalburg Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 hrs

Hospital, institution, or street address where death occurred:

Maple AvenueHow long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Federalburg Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. Maple Avenue
(If rural, give LOCATION)2.(a) If veteran, name war none

3. (a) FULL NAME

G. Rachel Messick

3. (b) Social Security Number

216-10-48364. Sex Male5. Color or race White6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife Margaret G. MessickDeceased7. Birth date of June 14, 1873

deceased (mo., day, yr.)

8. AGE: Years 74 Months 9 Days 11 If less than one day

.....hrs.min.

9. Birthplace Baltimore Md.

(Town, county, and state)

10. Usual occupation Garment Factory Business

11. Industry or business

12. Name Luke Messick13. Birthplace Maryland14. Maiden name Elizabeth Early15. Birthplace Maryland16. Informant Miss Myrtle MessickAddress Federalburg Md.17. Burial Date thereof March 22, 1948

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Hillcrest CemeteryLocation Federalburg Md.18. Funeral director J. Harvey WilliamsonAddress Federalburg Md.19. March 27, 1948

(Date rec'd by registrar)

Everett Nuttle

Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/25 1948, at 7 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/28 1948, to 3/25 1948and that I last saw him alive on 3/28 1948Immediate cause of death Carcinoma of lungs& generalized metastasesDURATION 5 mo.

Due to

Due to

Other conditions Hypertension &Valvular myocarditis

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma ofpancreasDate of op. 10/16/48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank M. Gubson M.D.Address Federalburg Md. M. D. or otherDate signed 3/27/48

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MAR 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02594

Reg. Dist. No. 63

1. PLACE OF DEATH:

County Caroline
 City or town Preston, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Preston
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

CHARLES FULTON NOBLE

3. (b) Social Security Number

4. Sex MALE 5. Color or race WHITE 6. (a) Single, married, widowed, or divorced WIDOWER
 6. (b) Name of husband or wife Cora F. Noble
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) April 28, 1877
 8. AGE: Years 70 Months 10 Days 17 If less than one day _____ hrs. _____ min.
 9. Birthplace Preston, Caroline, Maryland
 (Town, county, and state)
 10. Usual occupation Canner
 11. Industry or business 11

12. Name Isaac L. Noble
 13. Birthplace Caroline County
 14. Maiden name Mary E. Corkran
 15. Birthplace Dorchester County, Md.
 16. Informant Lee W. Noble
 Address Preston, Md.
 17. Burial Date thereof Mar. 18, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Spring Hill Cemetery
 Location Easton, Md.
 18. Funeral director H. M. Hollis
 Address Preston, Md.
 19. 3/16 1948 C. D. Plummer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1948 at 1:30 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 28 1947 to March 16 1948
 and that I last saw him alive on March 15 1948
 Immediate cause of death Cerebral Decomposition
 DURATION 3 days
 Due to Dissecting Aneurysm of Arch
Descending Aorta
 Due to descending
Not due to syphilis
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations None
 Date of op. _____
 Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE Lucy B. Plummer M. D. or other _____
 Address Preston, Maryland Date signed 3/17/48

RECEIVED

MAR 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Lederer
02595

Reg. Dist. No. 61

1. PLACE OF DEATH:

County CarolineCity or town Glennbrook
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 1/2 Days

Hospital, institution, or street address where death occurred:

Steward's Convalescent HomeHow long in hospital or institution? 2 1/2 Days

3. (a) FULL NAME

Sarah Jane Storey

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

James Storey

7. Birth date of

deceased (mo., day, yr.)

Aug. 30, 1877

6. (c) If alive, give age _____ years

8. AGE:

Years

70

Months

6

Days

22

If less than one day

hrs.

min.

9. Birthplace

Talbot Co. Md.

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

See James H. Butler

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Carroll Brown

Address

3 Cordova St.

17. (Burial, cremation, or removal, which?)

Burial

Date thereof

March 24, 1948

(month) (day) (year)

Cemetery or crematory

Fairview

Location

Cordova St.

18. Funeral director

L. Selig Clark

Address

Easton, Md.19. 3/23

(Date rec'd by registrar)

19. 4819. 48N. H. Neerinc

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Bordova
(If outside city or town limits, write RURAL and give nearest town)Street No. Rural
(If rural, give LOCATION)

2. (a) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 19 48 at 1 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19 48 to March 22 19 48and that I last saw her alive on March 21 19 48

Immediate cause of death

From toxemia on 9 11 days

DURATION

Due to _____

Due to _____

Other conditions Generalized arterio-chronicsclerosis

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. H. Lederer M.D.Address ChesapeakeDate signed 3/24

RECEIVED

MAR 29 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02596

Reg. Dist. No. 66

1. PLACE OF DEATH:

County.....Caroline
 City or town.....Ridgely
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....2 Yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State.....Maryland County.....Caroline
 City or town.....Ridgely
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....X

3. (a) FULL NAME

Medford Thompson

3. (b) Social Security Number

213-18-5593

4. Sex.....Male 5. Color or race.....White 6.(a) Single, married, widowed, or divorced.....Married
 6.(b) Name of husband or wife.....Delma
 6.(c) If alive, give age.....51 years
 7. Birth date of deceased (mo., day, yr.).....May 30 1890
 8. AGE: Years.....57 Months.....10 Days.....25 If less than one day..... hrs. min.

9. Birthplace.....Queen Anne, County, Maryland.
(Town, county, and state)10. Usual occupation.....Laborer11. Industry or business.....X12. Name.....John W. Thompson13. Birthplace.....No Record14. Maiden name.....Susan Ann Saterfield15. Birthplace.....Maryland.16. Informant.....Mrs. Delma ThompsonAddress.....Ridgely, Maryland.17. Burial Date thereof.....3/ 27/ 48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory.....BusicLocation.....Near Barclay, Maryland.18. Funeral director.....Raymond B. RawlingsAddress.....Greensboro, Maryland.

March 25 19 48 Mary E. Laird
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....3-24-48 at 1:15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
3-24-48 1948, to 3-24-48 1948
 and that I last saw him alive on 3-24-48 19.....

Immediate cause of death.....Coronary EmbolismDURATION.....2 minDue to.....Arteriosclerotic Heart Disease3 yrsDue to.....General arteriosclerosis8

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE.....George A. White M. D. or otherAddress.....Ridgely, Md Date signed 3-24-48

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

RECEIVED
MAR 27 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02597

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Park Lane
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Park Lane
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

John L. Tribbett

3. (b) Social Security Number

216-12-1960

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Ester K. Tribbett

7. Birth date of deceased (mo., day, yr.)

April 3, 1870

6. (c) If alive, give age

62 years

8. AGE:

Years

Months

Days

If less than one day

771115

hrs.

min.

9. Birthplace

Caroline County, Maryland
(Town, county, and state)

10. Usual occupation

Printer

11. Industry or business

House Painter

FATHER

12. Name

John A. Tribbett

13. Birthplace

Kent County, Delaware

MOTHER

14. Maiden name

Maggie Richards

15. Birthplace

Sussex County, Delaware

16. Informant

Mrs. Esther K. Tribbett

Address

Federalburg, Maryland

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof March 21, 1948
(month) (day) (year)

Cemetery or crematory

Hill Crest Cemetery

Location

Federalburg, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalburg, Maryland

19.

March 20, 1948
(Date rec'd by registrar)J. J. Frampton
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18, 1948, at 9:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 17, 1947 to Mar 18, 1948and that I last saw him alive on Mar 18, 1948

Immediate cause of death

Carcinoma of prostate
generalized metastasis

DURATION

1 yr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank M. Anderson M.D.

M. D. or other

Address Federalburg, Md. Date signed 3-20-48

RECEIVED

MAR 31 1948

BUREAU V. S.